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0010/PTO Rev. 8/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2861 PCT/US
		First Named Inventor	Heinz MUELLER
<i>COMPLETE IF KNOWN</i>			
		Application Number	10/595,280
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## EMULSIFIERS FOR DRILLING FLUIDS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **10/15/2004** as United States Application Number or PCT International

Application Number **PCT/EP2004/011623** and was amended on (MM/DD/YYYY)  (if applicable).

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

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Having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
103 49 807.9	DE	10/24/2003		

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

**Burden Hour Statement:** This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/011623	10/15/2004	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name **23657** Customer Number or label

List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

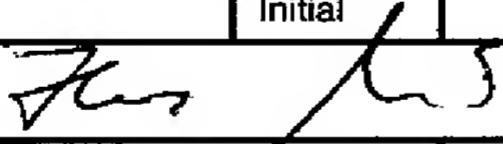
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name **Heinz** Middle Initial **h** Family Name **MUELLER** Suffix e.g. Jr. \_\_\_\_\_

Inventor's Signature  Date **21. 3. 06**

Residence: City **Monheim** State \_\_\_\_\_ Country **Germany** Citizenship **German**

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City **40789 Monheim** State \_\_\_\_\_ Zip \_\_\_\_\_ Country **Germany** Applicant Authority \_\_\_\_\_

Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box +

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Nadja		Middle Initial		Family Name	HERZOG			Suffix e.g. Jr.
Inventor's Signature	<i>Nadja Herzog</i>					Date	21. 3. 06		
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Post Office Address									
City	41352 Korschenbroich		State	Zip	Country	Germany	Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Jens		Middle Initial		Family Name	HARTMANN			Suffix e.g. Jr.
Inventor's Signature	<i>Jens Hartmann</i>					Date	08. 04. 2006		
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Post Office Address									
City	Bldnija		State	Zip	Country	Malta	Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name				Suffix e.g. Jr.
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State	Zip	Country	Applicant Authority			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name				Suffix e.g. Jr.
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Post Office Address									
City			State	Zip	Country	Applicant Authority			
<input type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto								